



It is the mission of the City of Flagstaff to enhance the quality of life of its citizens while protecting the values of our community. The Flagstaff Municipal Court is committed to prompt service in a judicial and

effective manner.

We would like to know if we are succeeding or how we might do better. Help us be the best we can be by sharing your feedback with us. We appreciate your input! Your responses are important aids in improving our services.

Donald Jacobson
Court Administrator

INSTRUCTIONS: When you have completed filling out this survey, please do one of the following:

- ▶ Place in the lobby drop box;
- ▶ Hand to a member of the Court staff;
- ▶ Return by mail. (Please fold this form in quarters, attach stamp and mail).

PLACE
STAMP
HERE

FLAGSTAFF MUNICIPAL COURT

15 N. Beaver Street
Flagstaff, AZ 86001
Phone (928) 774-1401

Flagstaff Municipal Court



HOW ARE WE DOING?



City of Flagstaff
www.flagstaff.az.gov

SERVICES USED (please check all that apply):

- ☐ Public Services
- ☐ Judicial Services
- ☐ Sentence/Financial
- ☐ Appeals
- ☐ Records Request
- ☐ Probation
- ☐ Warrant Enforcement
- ☐ Orders of Protection/Injunction Against Harassment

Is this your first visit to Flagstaff Municipal Court? Yes No (please circle one)

Name of Court employee(s) who assisted you (if known):

Courtroom Division: I II III
(please circle one)

PLEASE INDICATE YOUR LEVEL OF SATISFACTION WITH THE FOLLOWING:

1. Time it took to complete your business.

Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Extent to which Court staff was able to answer your questions.

Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. The professionalism and courtesy of:

a. Front Counter Staff:

Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Judge/Hearing Officer:

Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Courtroom Staff:

Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. Probation Staff:

Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Warrant Enforcement Staff:

Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Cleanliness of Courthouse.

Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Expertise of Court staff.

Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. The Overall quality of service.

Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Was your business with the court as:

Attorney Defendant Witness

Other:

8. Survey date/time:

OPTIONAL

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

If you wish, we will contact you about your concerns.

☐ Yes, contact me.

☐ No, I do not wish to be contacted.

Additional suggestions or comments to improve our service to you:
